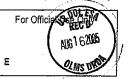
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Labor Organization File Number Occided P.O. Box, Bidg., Room No., if any P.O. Box, Building and Room Number, if any Street 1100 Black Horse Pike City Folsom City Trenton State New Jersey ZIP Code + 4 08037 State New Jersey ZIP Code + 4 08610 Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
3. Name and address of person filing. Name Joseph A. DeMarco, Jr. Name Construction & General Laborers Local Transport of the law for the following interests and address of lebor organization. Name Construction & General Laborers Local Transport of the law for the following interests and address of lebor organization. P.O. Box, Bidg, Room No., if any Street 1100 Black Horse Pike Street 604 Bordentown Rd. City Folsom State New Jersey ZIP Code + 4 08037 State New Jersey ZIP Code + 4 108610 Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetal youlke from an employer whose employees your organization represents or is actively seeking to represent. S. Name and address of Employer (including trade name, if any). Name P.O. Box, Bidg, Room No., if any Trade Name, if any: Trade Name, if any: Street ZIP Code + 4 Signature 7.b. Amount. Signature and verification. The undersigned declares, unday seconarying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, rue, correct, and complete. (See the section on penalties in the instructions).	1. File Number U - 7238	2. Fiscal Year Covered From:		
Name Joseph A. DeMarco, Jr. Name Construction & General Laborers Local Tr Labor Crganization File Number Coulding File Number Coulding File Number (Coulding File Number) P.O. Box, Bidg., Room No., if any Street 1100 Black Horse Pike City Folsom State New Jersey ZiP Code +4 08037 State New Jersey ZiP Code +4 08610 State New Jersey ZiP Code +4 08610 Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the interactions): A. Held an interest in, engaged in transactions (including losens) with, or derived income or other conomic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any 7. A. Nature of Interest, Transaction, or Income. Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any sconnpanying documents), has been examined by the signatory and is, to the best of the undersigned Room A. On 8/9/05 609-291-9100	,	1 / 1 / 2004 Through: [2 / 31 / 2004]		
Labor Organization File Number CONTROLL	3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
P.O. Box, Bidg., Room No., if any Street 1100 Black Horse Pike City Folsom State New Jersey ZIP Code +4 08037 State New Jersey ZIP Code +4 08610 Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the excitssions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic banefit of monetary value from an employee your organization represents or is actively seeking to represent. 6. Name and saddress of Employer (including Vade name, if any): 7. A. Nature of interest, Transaction, or income. 7. A. Nature of interest, Transaction, or income. Street City State ZIP Code +4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjuy and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned showledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Name Joseph A. DeMarco, Jr.	Name Construction & General Laborers Local 17		
Street 1100 Black Horse Pike		Labor Organization File Number 004816		
City Trenton State New Jersey ZIP Code +4 08037 State New Jersey ZIP Code +4 08610 5. Position in labor organization. Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any T.b. Amount. Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned way. Signed Aman Aman Aman Complete. (See the section on penalties in the instructions.)	P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
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Date Telephone Number	Signed Jaseph & Die Marcoli	On 8/9/05 609-291-9100		
	/ 1.0.	Date Telephone Number		

Name of Person Filing Joseph A. DeMarco, Jr.		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable or a selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the busines ctively seeking to represent, or indirectly to, or otherwise	s		
8. Name and address of Business (including trade name, if any). Name Laborers Health & Safety Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th St., NW City Washington State D.C. ZIP Code + 4 20006	9. Business deals with: XX a. Labor Organiza	tion		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	. 11	alth and safety assistance Funds and signatory		
Street City State ZIP Code + 4		A CONTRACTOR OF THE PROPERTY O		
	See Adder			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Trade Name, if any:	ALCH POPULATION			
P.O. Box, Bldg., Room No., if any Street City	The latest of th			
State ZIP Code + 4	14.b. Amount of payment.			
13.b. Is the Business an Employer or Consultant ?	ount or payment.	· · · · · · · · · · · · · · · · · · ·		

PARENT ORGANIZATION:
LABORERS INTERNATIONAL UNION OF NORTH AMERICA



LOCAL



AFFILIATED WITH:

AMERICAN FEDERATION OF LABOR-CIO

NJ HEAVY & GENERAL CONSTRUCTION

LABORERS' DISTRICT COUNCIL

NJ STATE BUILDING TRADES COUNCIL

172 OF SOUTH JERSEY

CONSTRUCTION AND GENERAL LABORER'S UNION

(609) 291-9100 • Raymond M. Pocino Building • 604 Bordentown Rd., Trenton, NJ 08610 • FAX (609) 291-0158

E. FRANK DI ANTONIO

President & Business Manager

Addenda To The LM-30

ANTHONY CAPACCIO

Secretary-Treasurer

•

LACEY WALKER
Vice President

DEREK WEBER

Recording Secretary

NABIH SHEHATA

Executive Board

DONALD LANAHAN

Executive Board

JOSEPH DE MARCO, JR.

Executive Board

FRANK A. DI ANTONIO

Sergeant-at-Arms

GARY ROMANOWSKI

Auditor

BRENDAN ROSENBERG

Auditor

RUSSELL DAVIS

Auditor

Addendum A (Unsolicited Gifts or Promotional Items)

In 2004, I recall that I was given a jacket from the New Jersey Laborers Health & Safety Trust as a complimentary promotional item while attending a Conference. At no time did I solicit the item. I have no knowledge as to the exact value of the jacket.

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August 12, 2005

E. FRANK DI ANTONIO President & Business Manager

ANTHONY CAPACCIO Secretary-Treasurer

LACEY WALKER
Vice President

DEREK WEBER
Recording Secretary

NABIH SHEHATA Executive Board

DONALD LANAHAN

Executive Board

JOSEPH DE MARCO, JR.

Executive Board

FRANK A. DI ANTONIO Sergeant-at-Arms

GARY ROMANOWSKI

Auditor

BRENDAN ROSENBERG

RUSSELL DAVIS
Auditor

U. S. Department of Labor Employee Standards Administration Office of Labor Management Standards 200 Constitution Avenue, NW Room N-5616 Washington, D.C. 20210

Re: Form LM-30 Filing for Joseph A. DeMarco, Jr.

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records and relied upon my best recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that an employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that in that circumstance I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of reportable events in 2004.

Sincerely,

Joseph A. DeMarco, Jr.

Joseph A. DeMarco, Jr.

Executive Board